Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	2 . 2
1. PLACE OF DEATH	(31)	040
County	Registration Dist. No 🕽	
Village or City / Mulus	No. St., If death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in pity or lown where death occurred		
2. FULL NAME John	Tourne_	
(a) Residence: No. Mulual	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLORDOR RAGE OR DIVIDED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Nod (Oay)	193_ 2 (Year)
HUSBAND of Carrie Tourne	22. Nov. 1932 to Nov. 10	leceased from
6. DATE OF BIRTH (month, day, and year)	- I last saw h walive on Nov 9 , 1952	; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 mm.	
60 9 3 Iday, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Oato deceased last worked at this occuration (month and	Myscarletis	2 range
10. Oato deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation		
The property of the same of th	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Chimic interest maket	1- M
E 13. NAME Oursel Journ	- July	
14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an et	
15. MAIDEN NAME Mar gant James	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	Where did injury occur?	
17. INFORMANT Groff Juine (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Island Creek Date 111 ,1937	Nature of injury	
19. UNDERTAKER M. J. Sewell (Address)	24. Was disease or Injury In any way related to occupating of deceased?	~ 7 ~ 7 ~ 0 ~ 0 ~ 0 ~ 0
20. FILED /1/1/ 1932 D.M. Ling	(Signed)	5 %°.
Registrar.	(Address)	mer?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
L A CONTRACTOR OF THE CONTRACT			Teleform 1
8 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11839
County aluent	Registration Dist, No. 51
Village or City Willows (i	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME COURT MAY	1000m / 1000000
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RICE S. SINGLE, MARRIED, WIDOWED, OR DEVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 14, 1932	1 last saw h alive on then ded death is sald
2 I day, hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and experience) and the property of	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Juliales 4 day
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Law Williams (State or country)	Other Coutributory Causes of importance:
13. NAME Zum Maykall 14. BIRTHPLACE (city or town) (State or sometry)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT John Steponey (Address) Willows	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Edmonds Date 1/3 132	Nature of Injury
19. UNDERTAKER Social Stepney (Address) Willows	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED 1/3 , 193 > 2-1. Registrar.	(Signed) M. D. (Address) Truce Quedente M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 DFC 2 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RHREAU V. S.	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	20
1. PLACE OF DEATH	92-0	10) U
County Salvent.	Registration Dist. No.	
Village or City frme Frede	UNUSt., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
Length of residence in city or toyn where death occurredyrsnys.	ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME LARY, Che	1N	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Si	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grite the word) 1. COLOR OR RACE OR DIVORCED ("grite the word)	21. DATE OF DEATH MAN (Oay)	193 Z (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Marth	22. I HERERY CERTIFY, That I attended do	
Sans 10 1859	last saw h alive on 19	death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Oays If LESS than	to have occurred on the date stated above, at 3 9 . m.	geath 13 said
76 5 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	$\sim \rho$	
SAWYER, BOOKKEEPER, etc.	(Kipuis Vals. heart day	3 Win
work was done, as SILK MILL, SAW MILL, BANK, etc.		7. 7.00
SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation		
23	Other Contributory Causes of importance:	
12, BIRTHPLACE (city or town) (State or country)	Alexandrus ation	4511.
	Decempent won	1 1000
E 20.1		
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis?	opsy?
E	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?Oate of injury	10
O 16. BIRTHPLACE (city or town)	Where did injury occur?	, 1
17. INFORMANT Julyo Morekally	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLAC	E.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Talenter V Oate 11/14 ,1932	Nature of injury	
19. UNDERTAKER N. H. Hutchens	24. Was disease or Injury in any way related to occupetion of deceased?	
(Address) Owngs Jud.	If so, specify	P
20, FILEO 11/14, 1934 M. Registrar.	(Signed) Tune Jude	vek
To make blanks are moded didner State Periods in	Derry N. Charles Street Bellimore Paguesting 7) S No. v	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUESE OV			
36 . **			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	TH D	ns A	4 112
	WIT	fully	-
	LY,	care	TITLE :
	AIN	d be	A INC
	PL	houl	C CO
	ITE	on s	EL CO
4	N. B.—WRITE PLAINLY, WITH UNF.	mation should be carefully supplie	AATTON OF DEATH SE LINE ASSESSED
V. S. No. 1	B.	(A personal
	z	10	ng ph

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH
County Calvert	r P	Registration Dist. No. 5
Village or City Tower	marlbow	NoSt.,Ware death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Clen	- Heigh	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH W. (9) (193) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	lejh	22. I HEREBY CERTIFY. Thet I attended deceesed from the standard second
	2. 11 1811	Hast saw h alive on the 18 192 death is se
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 104 m.
66 7	15 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Plastines	from frieding
9 Industry or business in which		
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occupation (month and	***************************************	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Dither Contributory Causes of importance:
12. BIRTHPLACE (city or town)	d	
(State or country)	7. 1/	-
13. NAME Joseph B	ay .	
14. BIRTHPLACE (city or town)	4	Name of operation Date of
(State of country)	M. Kigas	What test confirmed diagnosis? Was there en autopsy?
1 .	and or office	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
E (Stete or country)	Ud VV	Where did injury occur?
17. INFORMANT Many He (Address)	ijh p	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place Lower marll	10 Date 2/ ,1932	- Nature of injury
19. UNDERTAKER Wilson (Address) Darles	Sewell	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 21 , 1932 77	7. B. Cot Registrar.	(Signed) Supplied Ware (Address) Ware Ware Ware (Address)
76		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	A Partie	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
the section of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onest

1930

MARGIN

BINDING

FOR

RESERVED

S. No. 1

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SANTERS ASSESSED.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Brery item of information should be carefully supplied. AGE should be stated E.X. A.C.T.L.Y. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. S. OF EXACT. IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(200-8)	
County Calvert	Registration Dist. No. 5/	
Village or City Auntingtown	No. St.,	Wa
Length of residence in city or town where death occurredyrsmo	f death occurred in a hospital or institution, give its NAME instead of street and numb. sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME	MACKADO	
(a) Residence: No. Auntingtown	St., Ward.	orts
(Usual place of above)	St., Ward. If nonresident give city or town and State	J
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
ia. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended decer	asad fr
(or) WIFE of	19 , 10	19
5. DATE OF BIRTH (month, day, and year) Nov. 22, 1932	i last saw h	ath is s
AGE Years Months Days If LESS then	to havo occurred on the date dated above, etm.	
8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of one
8. Trade, profession, or particular kind of work done, as SPINNER,	VW	
SAWYER, BOOKKEEPER, etc. Nov and	7	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Unknown: Child born full	
10. Date deceased last worked et this occupetion (month and spant in this	time! Cause of Seath - unknown! Dross	
year) occupation	Other Contributory Causes of Importance:	all o
(State er country)		200
13. NAME Howard Long 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there en eutops	sy?
15. MAIOEN NAME & the reachase 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	5050
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury	19
17. INFORMANT Agree of Song (Address) About Town Dred	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Attachers Date 1937	Manner of Injury	
19. UNDERTAKER M. J. Sewere (Address) Janes Med.	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILEO 12/1 , 19 32 Q. M. July Resistrar.	(Signed) (Address) (Address)	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County	Registration Dist. No. 5
Village or City Caluert Co N	Mospi, In Mid St., Mard
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1:11 1. 71	1181'-
2. FULL NAME SULL VALLE VY	and and
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
CONTROL DIDTH (month down of month)	i last saw h alive on, 19; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 10 4m.
Ldayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	were as tollows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	fiffg K
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spant in this	Selle vain
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Plussell Jones	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E 10 6	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT / Jagge Williams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place at Rome Date /12, 1937	Nature of injury
19. UNDERTAKER Basil Millians	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pr. Frederick, red	if so, specify
20. FILED 1/1/1 1932 In Quy	(Signed) M. D.
Registrar.	(Address) floured I floured

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Culver4	Registration Dist. No. 5.2
Village or City Dun Rush	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmgs.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & amis Robert a	Ilson
(a) Residence; No	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Manuel Transcet	21. DATE OF DEATH NOV (Nonth) (Oey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased from
W 2- 21 3 1 211	1932, to Nov 1 , 1932
6. DATE OF BIRTH (month, day, and year) Anch 2 865 7. AGE Years Months Days If LESS than	I last saw h elive on
6 6 2 G 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Frede profession or particular	were as follows:
kind of work done, as SPINNER, Harry SAWYER, BOOKKEEPER, etc.	anvine Republic 193,
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month end of 197) this occupation (month end occupation occupation occupation occupation occupation	
12. BIRTHPLACE (city or town) Dunking	Other Contributory Causes of Importance: Eysteti Cax
(State or country) Culret Com of	+ Enlarge Rustate 1931
I 13. NAME / Coher wilson	
13. NAME Cobert Welson 14. BIRTHPLACE (city or town) Culvert Co (State or country)	Name of operation Date of
15. MAIOEN NAME adetime Hat	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME adetime of the total 16. BIRTHPLACE (city or town) Anne de Garges (Stete or country) In a	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Alexander For of (Address) Dunmun has	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece Halls Creek Oate Nov. 3, 1922	Manner of injury
19. UNOERTAKER Wilson Sewell (Address) Logan	24. Was disease or injury in any way related to occupation of deceesed?
20. FILEO. Son 3., 1932 WH Harder J. Registrar.	(Signed) Line of Jacobs M. D. (Address play massless had

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Gallstones	May 1,1923	Gastroenteritis	1 year